

# Malnutrition in the Inpatient Oncology Population

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# Malnutrition in the Inpatient Oncology Population

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## Background & Significance

- Our oncology patients tend to have longer hospitalizations than typical medical-surgical patients. During this extended stay, their nutritional status is likely to change along with their acute issues. However, a nutrition assessment is not specifically repeated during a patient's hospitalization.
- Initiating more frequent and comprehensive nutritional screenings will more accurately identify malnutrition, which will prompt needed Nutrition consults. An oncology patient's nutritional status is key not only in their acute illness while hospitalized but to their overall cancer treatment.
- Cancer-related malnutrition can lead to:
  - Increased infection rate
  - Increased risk of postoperative complications
  - Reduced tolerance/response to treatment
  - Reduced performance status
- Which all leads to a decreased quality of life

## Purpose

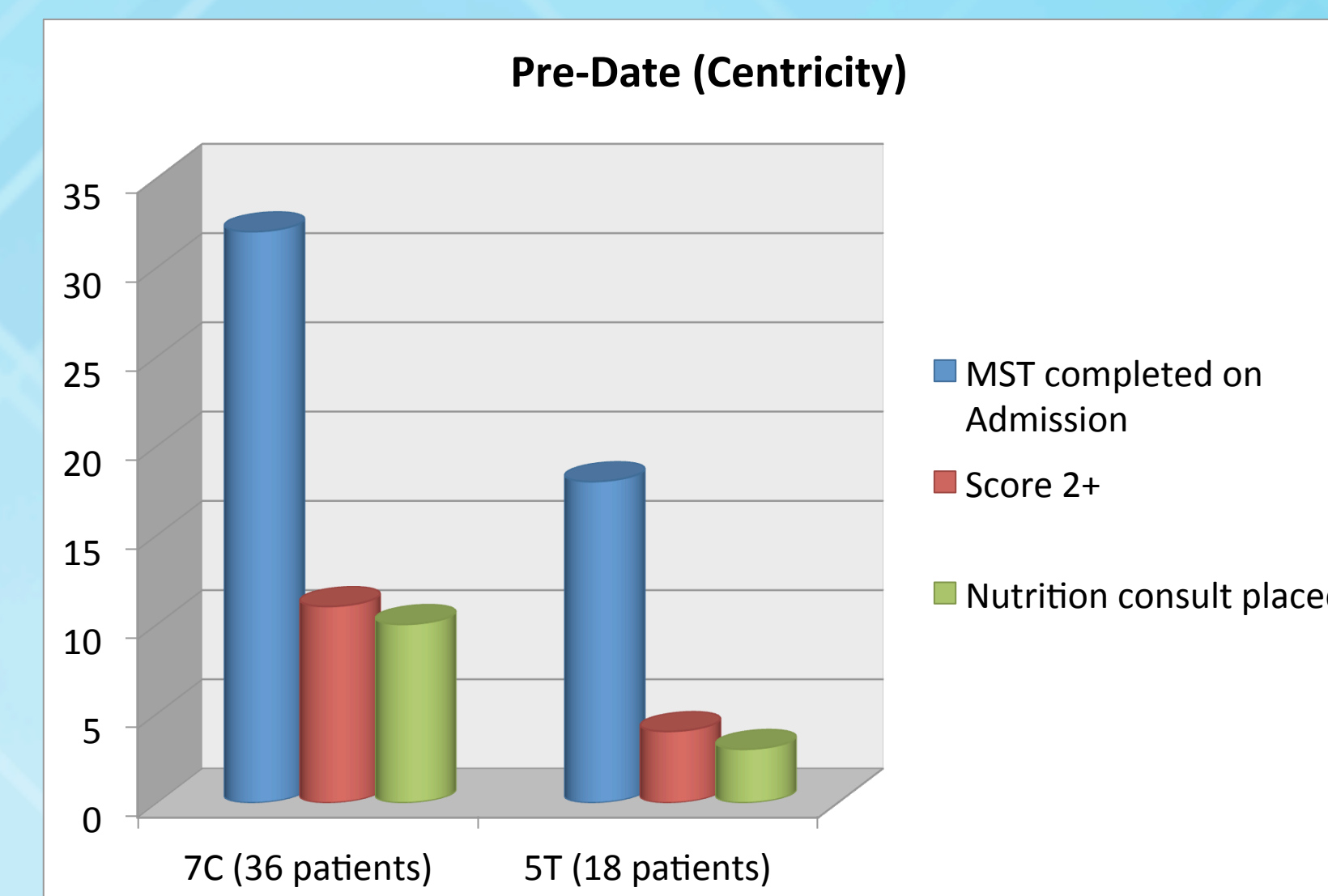
- Within the inpatient oncology patient population, how does more frequent and comprehensive nutritional assessments compare to the current nutritional screening on admission to identify malnutrition?

## Evidence

- Most validated and reliable for use in oncology patients: PG-SGA and MST<sup>3</sup>
- Best nutrition assessment tools for inpatient oncology: PG-SGA - Can only be administered by a Registered Dietician<sup>3</sup>
- MSTC – high sensitivity and specificity, but compliance issue<sup>2</sup>
- Other tools available, but sensitivity and specificity issues<sup>4, 5</sup>
- No evidence available about the frequency of nutrition screenings

## Process & Implementation

- Pre-data collected for a two week period on 5T and 7C, with Centricity



- Created new screening tool based on the validated tools available in the literature, adjusted for use with EPIC
- Education of staff members; two week trial period on 5T and 7C

Screening for Malnutrition- Oncology Patients  
Patient Diagnosis: \_\_\_\_\_ Admission Date: \_\_\_\_\_

Nutrition risk on admission: \_\_\_\_\_ Nutrition Consult on admission: YES NO

Nutrition Screening: (Choosing 1 or more indicators= consult to nutrition)  
(On Admission)

1. No indicators
2. Unintentional weight loss of 10 lbs or more in the past two months
3. Tube feed or parenteral nutrition
4. Large or non-healing wound, burn, or pressure ulcer
5. Reduced oral intake over the last month
6. Dysphagia or difficulty swallowing

**Additional Information to ask:**

1. Changes in meal/snack pattern
2. Nausea/vomiting
3. Diarrhea
4. Constipation
5. Painful swallowing/ mouth sores
6. Alteration in taste
7. Fatigue
8. Edema: Local vs Generalized

**\*Rescreen every shift\***  
Under PCS screen click on Nutrition on the left side  
Nutrition screening tool

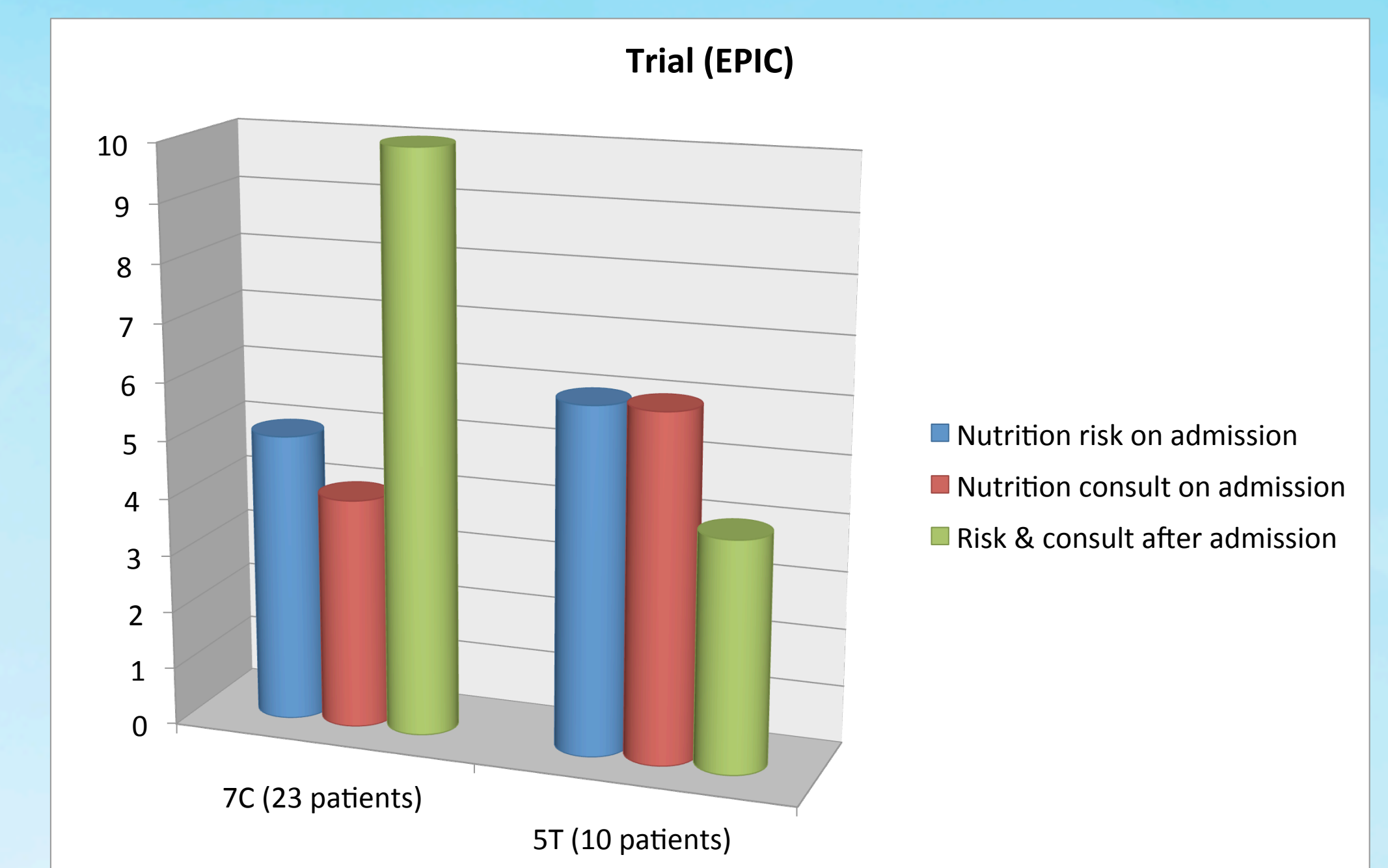
When was nutrition consulted? \_\_\_\_\_

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## Outcomes & Results

- The majority of patients had one or more indicators, requiring a nutrition consult
- On 7C, a large number of patients who had a negative screen on admission had a positive screen upon re-assessment
- Patients' nutrition status should be evaluated every shift for effective care and treatment.



## Next Steps & Dissemination

- Modification to the Practice Guidelines
  - Adding our triggers into the “Nutrition Risk Screen” in EPIC
  - Incorporating the Nutrition Risk Screen into the “Required Documentation”
  - EPIC automatically prompts a Nutrition consult with positive screen
- Network Implementation
  - Teaming with unit PCC and PCSs to create proposal

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